	Date
Dear Parents/ Guardians of	_ (Name of Student/ Class),
· · · · · · · · · · · · · · · · · · ·	ation School Outreach Programme (SIVSOP) l Influenza Vaccination Has Not Been Given
The Department of Health (DH) has arranged provide Seasonal Influenza Vaccination (SIV) to stud	I vaccination team by designated medical organisation to dents at your child's school today.
After the assessment, the vaccination team <b>did</b> □ was absent from school  □ had physical discomfort [e.g. flu symptoms/ fever refused vaccination  □ may require further assessment before vaccination facilities. Please consult your family doctor for the second secon	er (body temperature °C)/ others]  ution by health care professionals in appropriate medical
others (please specify:	
Under the Vaccination Subsidy Scheme (VSS) to receive SIV, with Government subsidy, from priv may or may not charge a service fee. Please refer to individual doctor charges service fee, (https://apps.hcv.gov.hk/SDIR/EN/index.aspx).	of DH, children who are <u>Hong Kong residents</u> are eligible rate doctors enrolled in VSS. Doctors participating in VSS to the "List of Participating Doctors" to see whether the amount they charge and their address
"List of Vaccination Subs	sidy Scheme Participating Doctors"
Name of Medi	cal Organisation :
Tel	lephone Number :
*Vaccination team please tick the appropriate appropriate to the appropriate a	riate □

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(學生姓名/班別)的家長/監護人:
2025/26 季節性流感疫苗學校外展計劃 家長通知書 - 未有接種季節性流感疫苗
衞生署已安排由指定的醫療機構提供的疫苗接種隊於今天到 貴子女就讀的學校為學生接種季節性流感疫苗。
經評估後,接種隊 <u>沒有</u> 為 貴子女 <u>接種</u> 流感疫苗,原因*是 貴子女: □ 缺課
□ 身體不適〔例如: 感冒徵狀/發燒(體溫 ℃)/其他〕
□ 拒絕接種 □ 可能需要在較詳盡的評估後,由專業醫護人員在適當醫療場所內接種。詳情請諮詢你的家庭醫生。 □ 其他(請註明:)
疫苗接種隊將 <u>不會再次到校</u> 為 貴子女接種季節性流感疫苗。 <b>請 貴家長自行安排 貴子女</b> <b>到你們的家庭醫生的診所或任何一間私家醫生診所接種。</b>
衞生署的「疫苗資助計劃」下,有 <u>香港居民身份</u> 的兒童,可前往參與計劃的私家醫生診所接種獲政府資助的流感疫苗。參與計劃醫生可能收取或不收取服務費。家長可從「參與計劃醫生名單」( <u>https://apps.hcv.gov.hk/SDIR/Zh/index.aspx</u> )中,參閱個別醫生會否收取服務費,收費水平及其診所地址。
「參與「疫苗資助計劃」醫生名單」
醫療機構名稱:
電話:

\* 接種隊請在合適的 □ 內加上「✔」號

日期:\_\_\_\_\_

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